10/20/2010 16:32

Image# 10931620074

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines College of American Pathologists Political Action Committee 1350 I Street, NW ADDRESS (number and street) Suite 590 Check if different than previously Washington DC 20005 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00274944 Χ REPORT OR (N) (A) TYPE OF REPORT (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day Х (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the 11 02 2010 IL Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 10 0 1 2010 10 13 2010 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Dr. Renee R. Ellerbroek Type or Print Name of Treasurer Electronically Filed by Dr. Renee R. Ellerbroek 10 20 2010 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2 / 23

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

College of American Pathologists Political Action Committee

R	Report Covering the Period: From:	01 2010	To: 0 1 3 2 0 1 0
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2010 Y Y Y		387407.60
	(b) Cash on Hand at Begining of Reporting Period	517795.47	
	(c) Total Receipts (from Line 19)	30950.00	479653.00
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	548745.47	867060.60
7.	Total Disbursements (from Line 31)	22515.00	340830.13
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	526230.47	526230.47
9.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00]
10.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 23

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period:

From:

м м 1 0 01

^Y 2010

то.

м м 1 0 ^D 13

Y Y Y Y 2 0 1 0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	27800.00	387736.00
(ii) Unitemized	3150.00	91917.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	30950.00	479653.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	30950.00	479653.00
Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) 6. Refunds of Contributions Made	0.00	0.00
to Federal candidates and Other Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
3. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	30950.00	479653.00
Total Federal Receipts (subtract Line 18(c) from Line 19)	30950.00	479653.00

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 23

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		1
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	45.00	1000.05
	Expenditures	15.00	1639.35
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	15.00	1639.35
2.	Transfers to Affiliated/Other Party		
	Committees	0.00	0.00
23.	Contributions to Federal Candidates/Committees and Other Political Committees	22500.00	222720 60
1	and Other Political Committees Independent Expenditure	22500.00	338780.68
	(use Schedule E)	0.00	0.00
25.	Coordinated Expenditures Made by Party	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
٠.			
	Loans Made	0.00	0.00
٤٥.	Refunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00
	Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	0.00	410.10
30.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
	55(a)() a 55(b))		
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	22515.00	340830.13
32.	Total Federal Disbursements		
<i>,</i> ∠.	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	22515.00	340830.13

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 23

III. Net Contribut Expenditu		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (oth from Line 11(d), page 3	,	30950.00	479653.00
4. Total Contribution Refu (from Line 28(d))		0.00	0.00
Net Contributions (other (subtract Line 34 from I	′	30950.00	479653.00
 Total Federal Operating (add Line 21(a)(i) and L 	·	15.00	1639.35
7. Offsets to Operating Ex (from Line 15, page 3) .	·	0.00	0.00
Net Operating Expenditure (subtract Line 37 from Line)		15.00	1639.35

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 23 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Poli	e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	tical Action Committee	1
E Evan Baker, Dr. Mailing Address Dept of Path 815 Freeport Rd		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.39143
<u>Pittsburgh</u>	PA 15215-3301	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer UPMC-St. Margaret	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) L Robert Bernstein, Dr.		Date of Receipt
Mailing Address Dept of Path 855 N Westhaven Dr		10 01 2010
City Oshkosh	State Zip Code WI 54904	Transaction ID: SA11AI.39146
FEC ID number of contributing federal political committee.	WI 54904	Amount of Each Receipt this Period 500.00
Name of Employer Aurora Med Ctr of Oshkosh Inc	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Wray Alfred Campbell, Dr.		Date of Receipt
Mailing Address Dept of Path 101 E Wood St		10 05 YYYYY 10 05 2010
City	State Zip Code	Transaction ID: SA11AI.39148
Spartanburg	SC 29303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer Spartanburg Regional Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
SUBTOTAL of Receipts This Page (optional)		1500.00
TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 23 (check only one) X
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) College of American Pathologists Poli	tical Action	Committee	
A.	Full Name (Last, First, Middle Initial) G. Alvaro Candel, Dr. Mailing Address Dept of Pathology			Date of Receipt
	Mailing Address Dept of Pathology 200 Berteau Avenue			10 08 2010
	City	State	Zip Code	Transaction ID: SA11AI.39149
	Elmhurst	<u> </u>	60126-2966	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Elmhurst Memorial Hosp	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼	0 0	1000.00	
В.	Full Name (Last, First, Middle Initial) R Brian Carlson, Dr.			Date of Receipt
	Mailing Address 4733 Andrew Jackson	10 01 YYYY 10 01 2010		
	City	State	Zip Code	Transaction ID: SA11AI.39150
	<u>Hermitage</u>	TN	37076	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Pathologists Laboratory, PC	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1500.00	
C.	Full Name (Last, First, Middle Initial) L Timothy Cole, Dr.			Date of Receipt
	Mailing Address Dept of Path 421 S 28th Ave Ste 31		7: 0.1	10 13 2010
	City <u>Hattiesburg</u>	State MS	Zip Code 39401-7208	Transaction ID: SA11AI.39156 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	39401-7200	500.00
	Name of Employer Hattiesburg Clinic, PA	Occupation Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			2000.00
	TOTAL This Period (last page this line number			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 23 (check only one) X	
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists II	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions	
Full Name (Last, First, Middle Initial) M James Crawford, Dr. Mailing Address Dept of Path and L 10 Nevada Drive City	ab Med	Zip Code	Date of Receipt 10 08 2010 Transaction ID: SA11AI.39158	
Lake Success FEC ID number of contributing federal political committee.	C	11042-1114	Amount of Each Receipt this Period 2500.00	
Name of Employer North Shore LIJ Core Lab Receipt For: Primary General Other (specify) ▼	Occupation Patholog Aggregate]	
Full Name (Last, First, Middle Initial) H David Cresson, Dr. Mailing Address 1914 Thomson Dr			Date of Receipt	
City	Transaction ID: SA11AI.39160			
Lynchburg	ynchburg VA 24501-1009			
FEC ID number of contributing federal political committee.	C		250.00	
Name of Employer Pathology Consultants of Central VA Receipt For:	Occupation Patholog	ist		
Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) W Abby Davis, Dr.			Date of Receipt	
Mailing Address 1001 S George St	Mailing Address 1001 S George St			
City	State	Zip Code	Transaction ID: SA11AI.39164	
York FEC ID number of contributing federal political committee.	PA C	17403-3676	Amount of Each Receipt this Period 250.00	
Name of Employer unaffiliated	Occupation Patholog			
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00		
			3000.00	

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 23 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists P	d Statements may not be sold or used by any personant the name and address of any political committee to olitical Action Committee	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Sandra Ewaskow Mailing Address 1280 116th Ave NE City Bellevue FEC ID number of contributing federal political committee. Name of Employer Eastside Pathology Inc, PS Receipt For:		Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) T. Noel Florendo, Dr. Mailing Address 1211 Union Ave Ste	1000.00	Date of Receipt
City Memphis FEC ID number of contributing federal political committee.	State Zip Code TN 38104-6655	Transaction ID: SA11AI.39172 Amount of Each Receipt this Period 250.00
Name of Employer Duckworth Pathology Group Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) F. Alan Frigy, Dr. Mailing Address Department of Path 1800 East Lakeshor	e Drive	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Decatur FEC ID number of contributing federal political committee.	State Zip Code IL 62521-2521 C	Transaction ID: SA11AI.39173 Amount of Each Receipt this Period 500.00
Name of Employer St. Mary's Hosp Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date ▼ 1500.00	
SUBTOTAL of Receipts This Page (optional))	1750.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 23 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Politics	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) E Jack Garon, Dr. Mailing Address Dept of Path 1500 S Calif Ave City Chicago FEC ID number of contributing federal political committee. Name of Employer Mt Sinai Hosp Med Ctr Receipt For: Primary General Other (specify)	State IL C Occupation Patholog Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
В.	Full Name (Last, First, Middle Initial) Don Humphrey Germaniuk, Dr. Mailing Address 2931 Youngstown Rd City Warren FEC ID number of contributing federal political committee. Name of Employer Trumbull Memorial Hosp Receipt For: Primary General Other (specify)	State OH C Occupation Patholog		Date of Receipt M M M / D D / Y Y Y Y Y Y 1 0 8 / 2 0 1 0 Transaction ID: SA11AI.39175 Amount of Each Receipt this Period 150.00
_ C.	Full Name (Last, First, Middle Initial) Paul Christopher Golembeski, Dr. Mailing Address 1255 W Washington S City Tempe FEC ID number of contributing federal political committee. Name of Employer Sonora Quest Laboratories Receipt For: Primary General Other (specify)	State AZ C Occupation Patholog		Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
F	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		<u> </u>	900.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 23 (check only one) X
\	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Poli	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
. ∠ . .	Full Name (Last, First, Middle Initial) R. Richard Gomez, Dr.			Date of Receipt
	Mailing Address Department of Patholo 1500 SW 10th St	ogy		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State KS	Zip Code	Transaction ID: SA11AI.39179
	Topeka FEC ID number of contributing federal political committee.	C	66604	Amount of Each Receipt this Period 500.00
	Name of Employer Stormont-Vail Reg Health Ctr Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupatio Patholog Aggregate		
3.	Full Name (Last, First, Middle Initial) A Patricia Gregg, Dr. Mailing Address Dept of Path	1		Date of Receipt 10 05 2010
	1601 Watson Blvd City	State	Zip Code	Transaction ID: SA11AI.39182
	Warner Robins	GA	31093-3431	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Southeastern Pathology As- sociates	Occupatio Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) S. Thomas Haas, Dr.			Date of Receipt
	Mailing Address Department of Patholo 1000 Mineral Point Av	e		10 / 05 / Y Y Y Y Y Y Y
	City <u>Janes</u> ville	State WI	Zip Code 53548	Transaction ID: SA11AI.39183 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30070	250.00
	Name of Employer Mercy Hosp	Occupatio Patholog		
	Receipt For: Primary General Other (specify) ▼	, ,	Year-to-Date ▼ 450.00	
	SUBTOTAL of Receipts This Page (optional)	1		850.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 23 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any pr name and address of any political committe	erson for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologists Politi	ical Action Committee	
Full Name (Last, First, Middle Initial) Forbes John Hamilton, Dr. Mailing Address Department of Pathology		Date of Receipt
Mailing Address Department of Patholo 4440 West 95th Street		10 08 2010
City	State Zip Code	Transaction ID: SA11AI.39184
Oak Lawn	IL 60453	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Advocate Christ Medical	Occupation	
Center	Pathologist	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	500.00	
Full Name (Last, First, Middle Initial) M Michelle Hebert, Dr.		Date of Receipt
Mailing Address 500 Medical Center Bl Ste 360A	10 05 2010	
City	Transaction ID: SA11AI.39187	
Conroe	TX 77304	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Baylor Pathology Laborato- ry	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial) Carl Andrew Hoot, Dr.		Date of Receipt
Mailing Address 3501 S Soncy Rd		10 13 2010
City	State Zip Code	Transaction ID: SA11AI.39190
Amarillo	TX 79119-6407	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Amarillo Pathology Group LLP	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	850.00
TOTAL This Period (last page this line number		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 23 (check only one) X
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) College of American Pathologists	and Statements may not be sold or used by any persong the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) S Bharati Jhaveri, Dr. Mailing Address 1312 Woods Farn City	n Ln State Zip Code	Date of Receipt M
Springfield FEC ID number of contributing federal political committee.	IL 62704-6431	Amount of Each Receipt this Period 250.00
Name of Employer unaffiliated Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) M. Darlene Lee, Dr. Mailing Address 1200 N Beaver		Date of Receipt
City Flagstaff FEC ID number of contributing federal political committee.	State Zip Code AZ 86001	Transaction ID: SA11AI.39195 Amount of Each Receipt this Period 2000.00
Name of Employer Flagstaff Med Ctr Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date 2000.00	
Full Name (Last, First, Middle Initial) A. Joe Lewis, Dr. Mailing Address Lab 600 Elizabeth St	State Zip Code	Date of Receipt M
Corpus Christi FEC ID number of contributing federal political committee.	TX 78404	Amount of Each Receipt this Period 1000.00
Name of Employer Christus Spohn Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (option	nal)	3250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 23 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports are or for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists F	nd Statements may not be sold or used by any pers the name and address of any political committee to Political Action Committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) J. Michael Mitchell, Dr. Mailing Address 89 Puritan Rd		Date of Receipt 1 0 0 5 2 0 1 0
City Newton FEC ID number of contributing federal political committee.	State Zip Code MA 02468-1705	Transaction ID: SA11AI.39198 Amount of Each Receipt this Period 1000.00
Name of Employer UMass Mem Hith Care Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) S. Thomas Namiki, Dr. Mailing Address Department of Path 1301 Punchbowl St City Honolulu FEC ID number of contributing	State Zip Code HI 96813	Date of Receipt M M M / D D A / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
federal political committee. Name of Employer The Queens Med Ctr Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date 300.00	300.00
Full Name (Last, First, Middle Initial) G. John Newby, Dr. Mailing Address Dept of Pathology 11110 Medical Cam City Hagerstown FEC ID number of contributing federal political committee.	npus Rd Ste 230 State Zip Code MD 21742-6727	Date of Receipt M M M
Name of Employer Washington County Health System Receipt For: Primary General Other (specify)	Occupation Pathologist Aggregate Year-to-Date ▼ 2500.00	
SUBTOTAL of Receipts This Page (optional	l)	3800.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 23 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) College of American Pathologists Po	d Statements may not be sold or used by any pers the name and address of any political committee to colitical Action Committee	
Full Name (Last, First, Middle Initial) M Patricia Novak, Dr. Mailing Address 7417 Fen Ridge City Clarkston FEC ID number of contributing federal political committee. Name of Employer William Beaumont Hosp Receipt For: Primary General Other (specify)	State Zip Code MI 48348-4366 C Occupation Pathologist Aggregate Year-to-Date ▼ 250.00	Date of Receipt 10 05 2010 Transaction ID: SA11AI.39203 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) James Ogburn Mailing Address 134 Rosedale Dr City Athens FEC ID number of contributing federal political committee. Name of Employer Eastern Texas Path Labs Receipt For: Primary General Other (specify)	State Zip Code TX 75751-3625 C Occupation Pathologist Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) D John Olson, Dr. Mailing Address Dept of Pathology 7703 Floyd Curl Dr City San Antonio FEC ID number of contributing federal political committee. Name of Employer UTHSC at San Antonio Receipt For: Primary General Other (specify)	State Zip Code TX 78229-3900 C Occupation Pathologist Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		1750.00

Ste 420 City North Kansas City North Kansas City Name of Employer Auburn FEC ID number of contributing federal political committee. Full Name (Last, First, Middle Initial) Anthony John Riccio, Dr. Mailing Address 17 Lansing St City Name of Employer Auburn FEC ID number of contributing federal political committee. Full Name (Last, First, Middle Initial) Anthony John Riccio, Dr. Mailing Address 17 Lansing St City State Zip Code NY 13021-1943 FEC ID number of contributing federal political committee. Name of Employer Auburn Memorial Hospital Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Anduro of Employer Auburn NY 13021-1943 FEC ID number of contributing federal political committee. Name of Employer Auburn Memorial Hospital Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) J. Stanley Robboy, Dr. Mailing Address Department of Pathology DUMC-3712 City State Zip Code NC 27710-0001 Transaction ID: SA11Al.39212 Amount of Each Receipt this Period Transaction ID: SA11Al.39212 Amount of Each Receipt this Period	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 23 (check only one)
College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) C. James Quigley, Dr. Mailing Address 2750 Clay Edwards Dr Ste 420 City State Zip Code North Kansas City MS 64116-3258 FEC ID number of contributing federal political committee. C. State Zip Code MAWD Pathology Group PA Pathologist Receipt For: Primary General Other (specify) ▼ 500.00 Date of Receipt this Period Transaction ID: SA11Al.39207 Amount of Each Receipt this Period Transaction ID: SA11Al.39207 Amount of Each Receipt this Period Transaction ID: SA11Al.39207 Transaction ID: SA11Al.39207 Amount of Each Receipt this Period Transaction ID: SA11Al.39207 Transaction ID: SA11Al.39207 Transaction ID: SA11Al.39207 Transaction ID: SA11Al.39211 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11Al.39212 Transaction ID: SA11Al.392012 Transaction ID	Any information copied from such Reports and or for commercial purposes, other than using t	Statements may he name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Date of Receipt Mailing Address 275 Clay Edwards Dr State Zip Code Transaction ID; SA11AI.39207		olitical Action (Committee	
Mailing Address 2750 Clay Edwards Dr State Zip Code Transaction ID: SA11Al,39207				Date of Receipt
North Kansas City FEC ID number of contributing federal political committee. Name of Employer MWD Pathology Group PA Full Name (Last, First, Middle Initial) Anthony John Riccio, Dr. Mailing Address 17 Lansing St City State Zip Code Auburn NY 13021-1943 FEC ID number of contributing federal political committee. Name of Employer Auburn Memorial Hospital Receipt For: Primary General Occupation Pathologist Receipt For: Primary General Other (specify) ▼ City State Zip Code NY 13021-1943 FEC ID number of contributing federal political committee. Name of Employer Auburn Memorial Hospital Receipt For: Primary General Other (specify) ▼ City State Zip Code Pathologist Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: SA11Al.39211 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11Al.39212 Amount of Each Receipt this Period Transaction ID: SA11Al.39212 Amount of Each Receipt this Period Transaction ID: SA11Al.39212 Amount of Each Receipt this Period Transaction ID: SA11Al.39212 Amount of Each Receipt this Period Transaction ID: SA11Al.39212 Amount of Each Receipt this Period Transaction ID: SA11Al.39212 Amount of Each Receipt this Period Transaction ID: SA11Al.39212 Amount of Each Receipt this Period Transaction ID: SA11Al.39212 Amount of Each Receipt this Period	Mailing Address 2750 Clay Edwards	Dr		
FEC ID number of contributing federal political committee. Name of Employer MAWD Pathology Group PA Receipt For: Primary General Other (specify) ▼ State Zip Code Auburn Ny 13021-1943 FEC ID number of contributing federal political committee. Name of Employer Auburn Med Cir Primary General Other (specify) ▼ State Zip Code Auburn NY 13021-1943 FEC ID number of contributing federal political committee. Primary General Other (specify) ▼ Date of Receipt Transaction ID: SA11Al.39211 Amount of Each Receipt this Period Pathology DUMC-3712 State Zip Code Auburn Memorial Hospital Pathologist Receipt For: Primary General Other (specify) ▼ 250.00 Pathologist Transaction ID: SA11Al.39212 Amount of Each Receipt Transaction ID: SA11Al.39212	•		•	
Receipt For:	FEC ID number of contributing		64116-3238	Amount of Each Receipt this Period 500.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Anthony John Riccio, Dr. Mailing Address 17 Lansing St City State Zip Code Auburn NY 13021-1943 FEC ID number of contributing federal political committee. Name of Employer Auburn Memorial Hospital Receipt For: Primary General Other (specify) ▼ City Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) J. Stanley Robboy, Dr. Mailing Address Department of Pathology DUMC-3712 City State Zip Code Pathologist Aggregate Year-to-Date ▼ Transaction ID: SA11Al.39211 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11Al.39212 Date of Receipt Transaction ID: SA11Al.39212 Date of Receipt Transaction ID: SA11Al.39212 Amount of Each Receipt this Period C 250.00 Date of Receipt Transaction ID: SA11Al.39212 Amount of Each Receipt this Period C 250.00 Receipt For: Primary General Occupation Pathologist Receipt For: Primary General	Name of Employer MAWD Pathology Group PA			
Anthony John Riccio, Dr. Mailing Address 17 Lansing St City State Zip Code Auburn NY 13021-1943 FEC ID number of contributing federal political committee. Name of Employer Auburn Memorial Hospital Primary General Other (specify) ▼ City State Zip Code NY 13021-1943 FEC ID number of contributing federal political committee. Primary General Other (specify) ▼ City State Zip Code Dumber of contributing State Zip Code Dumber of contributing federal political committee. Date of Receipt Transaction ID: SA11AI.39211 Amount of Each Receipt this Period State Zip Code Dumber of contributing federal political committee. Name of Employer Auburn Memorial Hospital Pathology Dumber of contributing federal political committee. Name of Employer State Zip Code Transaction ID: SA11AI.39212 Amount of Each Receipt Transaction ID: SA11AI.39212 Amount of Each Receipt Transaction ID: SA11AI.39212 Amount of Each Receipt this Period State S	Primary General	Aggregate		
City State Zip Code Auburn NY 13021-1943 FEC ID number of contributing federal political committee. Name of Employer Auburn Memorial Hospital Pathologist Receipt For: Primary General Other (specify) ▼		 		Date of Receipt
Auburn PEC ID number of contributing federal political committee. Name of Employer Auburn Memorial Hospital Receipt For: Primary General Other (specify) ▼ Pull Name (Last, First, Middle Initial) J. Stanley Robboy, Dr. Mailing Address Department of Pathology DUMC-3712 City State Zip Code NC 27710-0001 FEC ID number of contributing federal political committee. Name of Employer Duke Univ Med Ctr Name of Employer Duke Univ Med Ctr Primary General Occupation Pathologist Amount of Each Receipt this Period Tansaction ID: SA11Al.39212 Amount of Each Receipt this Period Amount of Each Receipt this Period Amount of Each Receipt this Period Transaction ID: SA11Al.39212 Amount of Each Receipt this Period 250.00				
FEC ID number of contributing federal political committee. Name of Employer Auburn Memorial Hospital Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) J. Stanley Robboy, Dr. Mailing Address Department of Pathology DUMC-3712 City State Zip Code NC 27710-0001 FEC ID number of contributing federal political committee. Name of Employer Duke Univ Med Ctr Name of Employer Duke Univ Med Ctr Primary General Occupation Pathologist Receipt For: Primary General Aggregate Year-to-Date ▼ 150.00				
Auburn Memorial Hospital Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) J. Stanley Robboy, Dr. Mailing Address Department of Pathology DUMC-3712 City State Zip Code Durham NC 27710-0001 FEC ID number of contributing federal political committee. Name of Employer Duke Univ Med Ctr Pathologist Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: SA11AI.39212 Amount of Each Receipt this Period 250.00	FEC ID number of contributing		13021-1943	250.00
Receipt For: Primary	Name of Employer Auburn Memorial Hospital			
J. Stanley Robboy, Dr. Mailing Address Department of Pathology DUMC-3712 City State Zip Code Durham NC 27710-0001 FEC ID number of contributing federal political committee. Name of Employer Duke Univ Med Ctr Receipt For: Primary General Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Primary General	Aggregate		
DUMC-3712 City Durham NC 27710-0001 FEC ID number of contributing federal political committee. Name of Employer Duke Univ Med Ctr Perimary General 1 0 0 5 2 0 1 0 Transaction ID: SA11AI.39212 Amount of Each Receipt this Period 250.00 Aggregate Year-to-Date 1 5 0 0 0				Date of Receipt
Durham NC 27710-0001 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 250.00 Name of Employer Duke Univ Med Ctr Occupation Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General	2 2000	logy		
FEC ID number of contributing federal political committee. Name of Employer Duke Univ Med Ctr Receipt For: Primary General 250.00	•		•	
Receipt For: Primary Aggregate Year-to-Date 1500.00	FEC ID number of contributing		27710-0001	250.00
Primary General	Name of Employer Duke Univ Med Ctr			
	Primary General	Aggregate		
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)		.	1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 23 (check only one) X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists F	nd Statements may not be sold or used by any perso g the name and address of any political committee to Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) G Denise Ross, Dr. Mailing Address 1404 Blue Heron R	dd	Date of Receipt
City	State Zip Code	1 0 1 3 2 0 1 0 Transaction ID: SA11AI.39213
Virginia Beach	VA 23454	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Sentara Virginia Beach Ho- sp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) G Wilson Russell, Dr.		Date of Receipt
Mailing Address Dept of Path 3333 Silas Creek P	•	10 13 7 2010
City	State Zip Code	Transaction ID: SA11AI.39214
Winston Salem FEC ID number of contributing federal political committee.	NC 27103-7103	Amount of Each Receipt this Period 600.00
Name of Employer Forsyth Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) M John Salmon, Dr.		Date of Receipt
Mailing Address 144 Beacon Hill Pl		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Lynchburg	State Zip Code VA 24503-4128	Transaction ID: SA11AI.39215 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Pathology Consultants of Central VA	Occupation Pathologist	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (options	al)	1600.00

TOTAL This Period (last page this line number only)

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 23 (check only one) X
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Poli	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\ <u> </u>	Full Name (Last, First, Middle Initial) O David Scamurra, Dr.			Date of Receipt
	Mailing Address 2950 Elmwood Ave City	State	Zip Code	10 05 2010 Transaction ID: SA11Al.39216
	Kenmore	NY	14217	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer X-Cell Labs of Western New York Inc Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Patholog Aggregate		
	Full Name (Last, First, Middle Initial) W Ross Simpson, Dr. Mailing Address Lab			Date of Receipt
	6500 Excelsior Blvd City	State	Zip Code	1 0 0 8 2 0 1 0 Transaction ID: SA11Al.39220
	Saint Louis Park	MN	55426-4702	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Park Nicollet Health Svcs	Occupatio Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) James Matthew Snyder, Dr.	1		Date of Receipt
	Mailing Address Pathology Dept 3000 New Bern Ave			10 05 2010
	City	State	Zip Code	Transaction ID: SA11AI.39223
	Raleigh FEC ID number of contributing federal political committee.	NC C	27610-1231	Amount of Each Receipt this Period
	Name of Employer Raleigh Pathology Lab Ass- oc PA	Occupatio Patholog		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 2000.00	
	SUBTOTAL of Receipts This Page (optional)		\	2000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 23 (check only one) X 11a
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologists P	olitical Action (Committee	
Full Name (Last, First, Middle Initial) E Maureen Trotter, Dr.			Date of Receipt
Mailing Address 11 Cypress Point Si	t		10 13 2010
City Abilene	State TX	Zip Code 79606-5130	Transaction ID: SA11AI.39224 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Clinical Pathology Associ- ates	Occupatio Patholog		
Receipt For: ☐ Primary ☐ General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) H Gail Walker, Dr.			Date of Receipt
Mailing Address 1354 Drakie Ct			1 0 1 3 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.39226
Lilburn FEC ID number of contributing federal political committee.	GA C	30047	Amount of Each Receipt this Period 500.00
Name of Employer Emory Eastside Med Ctr	Occupatio Patholog		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) L. Ronald Weiss, Dr.			Date of Receipt
Mailing Address Dept of Pathology 500 Chipeta Way			1 0 0 5 2 0 1 0
City Salt Lake City	State UT	Zip Code 84108-4108	Transaction ID: SA11AI.39230 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer ARUP Clinical Laboratories	Occupatio Patholog		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	I		1250.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 23 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A	any information copied from such Reports and S r for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) College of American Pathologists Poli	itical Action (Committee	
۷.	Full Name (Last, First, Middle Initial) Le Michael Woltman, Dr.			Date of Receipt
	Mailing Address 1911 1st Ave SE City	State	Zip Code	1 0 0 5 2 0 1 0 Transaction ID: SA11AI.39233
	Cedar Rapids	IA	52403	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Weland Clinical Lab PC	Occupatio Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
_ 3.	Full Name (Last, First, Middle Initial) Andrew John Wright, Dr.	1		Date of Receipt
	Mailing Address 1001 S George St			10 05 7 2010
	City	State	Zip Code	Transaction ID: SA11AI.39235
	York	PA	17403-3676	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer York Hosp	Occupatio Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00]
_ >.	Full Name (Last, First, Middle Initial) Changgao Yang			Date of Receipt
	Mailing Address 3020 Old Ranch Pkwy	y Ste 300		10 05 7 2010
	City	State	Zip Code	Transaction ID: SA11AI.39237
	Seal Beach	CA	90740-2751	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Sterling Pathology Med Co- rp	Occupatio Patholog	ist	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1000.00	
	SUBTOTAL of Receipts This Page (optional) .		\	2300.00
H				
	TOTAL This Period (last page this line number	r only)		27800.00

Image# 10931620094

State:

A.

District:

_	= - /==-															
SCHEDULE B (FEC Form 3X)			Use separate schedule(s)				E NUMBER: PAGE 21 / 20 PAGE 21 / 20							23		
I	EMIZED DISBURS	SEMENTS		category of the Summary Page	×	21b 27	F	22 28a	—	23 28b		24 28c	Н	25 29		26 30b
	y Information copied from suc for commercial purposes, oth															
\	NAME OF COMMITTEE (In	r Full)														
	College of American Pa	thologists Politica	al Action Co	mmittee												
	Full Name (Last, First, Middle Sun Trust Bank Mailing Address P.O. E	le Initial) Box 85024						Trans Date of		burse	_			250 0 1 0	Y	
	City Richmond		State VA	Zip Code 23285				Amou	nt of	Each	Dis	burser		t this F		d
	Purpose of Disbursement MONERIS ACH FEE								-				-	13.00		
	Candidate Name					gory/ pe										
	Office Sought: House Sena	te	sement For: Primary Other (spe	General												

CURTOTAL of Pickers and This Page (aution)		15.00
SUBTOTAL of Disbursements This Page (optional)	P	10.00
TOTAL This Period (last page this line number only)	•	15.00

CHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	(check onl	E NUMBER: PAGE 22 / 23
 EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 2 28a 28b 28c 29 3
y Information copied from such Reports and Statem for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) College of American Pathologists Political			
Full Name (Last, First, Middle Initial) EYE OF THE TIGER POLITICAL ACTION	COMMITTEE; THE		Transaction ID: SB23.39242 Date of Disbursement
Mailing Address 2501 WISCONSON AVE #304	, NW		1 0 M / D 0 7 / Y 2 0 1 0 Y
WASHINGTON	State Zip Code DC 20007		Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement Candidate Name		Catagony	2500.00
	ment For: 2010	Category/ Type	
Senate President	Primary X General Other (specify)		
 State: District: Full Name (Last, First, Middle Initial) HOYER FOR CONGRESS			Transaction ID: SB23.39246 Date of Disbursement
Mailing Address 4201 Northview Drive Suite 307			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•	State Zip Code MD 20716		Amount of Each Disbursement this Period
Purpose of Disbursement			5000.00
Candidate Name		Category/ Type	
Office Sought: X House Disburse Senate President State: MD District: 05	ment For: 2010 Primary X General Other (specify)		
Full Name (Last, First, Middle Initial) MAJORITY COMMITTEE PACMC PAC			Transaction ID: SB23.39247 Date of Disbursement
Mailing Address P.O. BOX 10134			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	State Zip Code CA 93389		Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Name		Category/	5000.00
Office Sought: Senate President State: Disburse	ment For: 2010 Primary X General Other (specify)	Туре	
Otato. District.			

A.

В.

District:

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE N (check only o	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) College of American Pathologists Political	Action Committee		
Full Name (Last, First, Middle Initial) MARY'S PAC			Transaction ID: SB23.39241 Date of Disbursement
Mailing Address 7315 WISCONSIN AVE SUITE 310 EAST			10 M / D D / Y Y Y O Y O Y
7	State Zip Code MD 20814		Amount of Each Disbursement this Period
Purpose of Disbursement			5000.00
Candidate Name		Category/ Type	
Senate President	ment For: 2010 Primary X General Other (specify) ▼		
State: District: Full Name (Last, First, Middle Initial)			
NODAK PAC			Transaction ID: SB23.39249 Date of Disbursement
Mailing Address PO Box 75214			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 7 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix}$
	State Zip Code DC 20013		Amount of Each Disbursement this Period
Purpose of Disbursement			5000.00
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ment For: 2010 Primary X General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	•	10000.00
TOTAL This Period (last page this line number only)	•	22500.00

State: